**COMMUNITY PAEDIATRIC AUDIOLOGY SERVICE**

**REFERRAL FORM**

Please return to: [CCS-TR.Audiologycambs@nhs.net](mailto:CCS-TR.Audiologycambs@nhs.net)

**CHILD’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| Address: |  | | |
| NHS No: |  | | |
| Contact Details: | Mobile: |  | |
| Home: |  | |
| Alternate: |  | |
| Email: |  | |
| GP Surgery: |  | | |
| Nursery / School: |  | | |

**Referrer’s Details:**

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Tel: |  |
| Email: |  |
| Date completed: |  |

**Details of Referral:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason(s) for Referral: | | Parental Concern |  | ENT Symptoms | | | |  | | | |
| Educational Concern |  | Behaviour | | | |  | | | |
| Speech / Language Delay |  | Other (give details): | | | |  | | | |
| Observations / Comments: | |  | | | | | | | | | |
| Previously seen in Community Paediatric Audiology? | | |  | Date Seen & Result: | | | |  | | | |
| Language Development Delayed | | |  | Referred to Speech Therapy | | | | | |  | |
| Family History of Permanent Childhood Hearing Loss | | |  | Details: | |  | | | | | |
| Medical History: | Recurrent URTI | |  | Nasal Obstruction | | |  | | Ear Infections | |  |
| Discharging Ear | |  | Perinatal Problems | | |  | |  | | |
| Allergies: | |  | | | | | | | | |
| Social History (any relevant factors): | | | | |  | | | | | | |
| Place of Birth / Date moved into area: | | | | |  | | | | | | |

**PARENTAL CONSENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Consent for Referral** | | | **Yes/No** | | | |
| **Digital Communication** | | | | | | |
| Cambridgeshire Community Services (CCS) NHS Trust would like to send text (SMS) messages for appointment reminders and to share useful health information.    **I agree to receive text (SMS) messages** | | | | | | **Yes/No** |
| CCS Specialist Services may offer appointments using video calling.    **I agree to having video call appointments** | | | | | | **Yes/No** |
| We would like to send your letters or reports by email, which could include personal, sensitive data. If you select yes, we will not send your letters or reports in the post, we will email them to you instead.  You will receive a verification email from TPP (our clinical system provider) which you must act on as confirmation that we have the right details. We cannot email you any information without this verification.    **I agree to receive emails which could include personal information:**    Once any information has left our secure NHS email accounts, the security of the information is your responsibility. | | | | | | **Yes/No** |
| **Sharing information** | | | | | | |
| Are you happy for us to share your child’s record with other health services who are involved with your child’s care? | | | | | | **Yes/No** |
| Are you happy for us to have access to the records held by other health services involved in your child’s care? | | | | | | **Yes/No** |
| Are you happy for us to share information with the local authority i.e., School / SEND? | | | | | | **Yes/No** |
| If required, are you happy for us to share information with Social Care? | | | | | | **Yes/No** |
| **SIGN:** |  | | | **PRINT:** |  | |
| **RELATIONSHIP TO CHILD:** | |  | | **DATE:** |  | |